



## RELEASE FROM LIABILITY

I, \_\_\_\_\_, wish to participate in the  
*Print Name Legibly*

Adventist HealthCare Sports Performance Institute (the "Program"). I (together with my parent or guardian, if I am under the age of eighteen or under a legal disability) represent as follows:

I acknowledge that participating in the above noted Program involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or result from my participation in the Program, regardless of whether or not caused in whole or in part by the negligence or other fault of Adventist HealthCare Sports Performance Institute and/or its departments, trustees, affiliates, employees, officers, agents or insurers. I declare that I do not have any physical or mental disability, impairment, or condition that would prevent me from participating in the program, or that would detrimentally affect my health if I were to participate in the Program. The Program strongly recommends that each participant have an annual physical examination and carry personal health and accident insurance.

In consideration for being able to participate in the Program, I hereby release and agree to hold harmless Adventist HealthCare, Inc., its affiliate organizations, officers, directors, employees, agents and staff from all claims, causes of action, damages or liabilities of any nature which may arise as a result of my participation in the Program.

The undersigned expressly agrees that the foregoing release and waiver of liability is governed by the State of Maryland and is intended to be as broad and inclusive as is permitted by Maryland law, and that in the event any portion of this release is determined to be invalid, illegal, or unenforceable, the validity, legality and enforce ability of the balance of this release shall not be affected or impaired in any way and shall continue in full legal force and effect.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A PROMISE NOT TO SUE AND A RELEASE OF ALL CLAIMS. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO RECOVER DAMAGES AGAINST ADVENTIST HEALTHCARE, INC., IN CASE OF MY INJURY OR DEATH.

\_\_\_\_\_  
*Participant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent or Guardian Signature (if under 18)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Printed Name (if under 18)*